

The Tremendously Complicated Problems of Practical Eugenics

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EUGENIC or generative hygiene is preventive individual and race hygiene raised to the tenth power. No measures for individual or collective betterment are more fundamental than the hygiene of generation. To be well born is the fundamental prerequisite of being well-bred. Generative hygiene contemplates not only the regulation of the function of mating, but also the establishment of those conditions which will insure normal healthy generative processes in the father and mother.

Society should prevent degenerate or anti-eugenical matings. It is alleged that about 15 per cent of the present generation produces 50 per cent of the next generation, and that this producing minority represents the poorer, lower or eugenically inferior elements of the population. Without conceding that this estimate is strictly correct, it is within the bounds of truth to say that all enlightened students of race betterment are agreed that palpable degenerates should not be permitted to marry.

But we are not all agreed that the eugenically unfit can be diagnosed infallibly, or even to a measurably satisfactory extent. So far as relates to mental degenerates there are now in general use two methods of study by which it is hoped to make eugenic diagnosis—first, the hereditary study of ancestral strains by the methods of heredity research; and secondly, the psychological observation or testing or study of the level of intelligence and of mental deviation.

The only essential preliminary to making reliable hereditary, no less than medical or psychological, diagnosis is prolonged training in the scientific methods of collecting, examining, analyzing and interpreting facts. Many hereditary charts are based on the sheerest guess work, on data gathered by persons quite lacking in scientific discrimination and quite unskilled in the art of hereditary, psychological, or medical diagnosis. It is one thing to send out field workers, usually teachers, nurses and social workers who are novices in the methodology of scientific research, to interview parents, relatives, friends, enemies, clergymen, physicians and court officers with regard to the mental condition of the contemporary or ancestral relatives of the cases under investigation; and then on the basis of the field-workers' reports, have someone else who has probably never seen or examined a single relative, construct awe-inspiring hereditary charts, with a multitude of squares and circles, definitely and most minutely labeled and evaluated.

But it is quite a different matter to assume that because certain symbols have been stamped on a piece of cloth, the correctness of the marking or the accuracy of the hearsay or snapshot estimations and diagnoses has thereby been conclusively established. Once the accuracy of the hereditary diagnosis has been established, it is quite a different thing to as-

sume that the condition of feeble-mindedness or insanity found in a given forebear is the all-sufficient or determining cause of the feeble-mindedness or insanity found in the "tainted" offspring.

Unfortunately this assumption is usually made by the average field-worker without further ado. The presence of feeble-mindedness in the direct or indirect ancestral lines is regarded as the sufficient explanation of the feeble-mindedness found in the descendants.

The fact is, there is frequently a plurality of causes responsible for any case of biologic variation, and no one but an experienced expert—and quite frequently not even the expert—will be able to determine indubitably which is cause or which is accidental antecedent or accompaniment. The apparent accuracy of many hereditary charts is wholly deceptive and misleading. In my own clinic I am constantly confronted with such cases as this—a feeble-minded child with diphtheria or typhoid at, say, three, and with a grandfather or uncle or cousin who was alleged to be "feeble-minded," "queer" or "peculiar." What is the prime cause here? How should such a case be charted? As inherited, or acquired feeble-mindedness? There is no unequivocal reply.

Let us disabuse ourselves of the smug belief that hereditary diagnoses are so easy that they can be made by any one, or that we have located the causative agent when we have put a certain square or circle upon a chart. There are hundreds of thousands of mentally abnormal individuals in whom the causes lie concealed in deepest obscurity.

As a matter of fact, there is no psychio measuring rod in existence by which we can automatically or mechanically identify accurately high grade mental degenerates or defectives, by which we can unerringly distinguish between high grade feeble-minded and "backward" cases, and by which we can determine whether the abnormality in high grade defectives is or is not anti-eugenic in character. But it is precisely the eugenically unfit persons who grade nearest the standard of mental normality whom it is most necessary to identify, because these individuals are the most numerous, they are the most prolific breeders and constitute the gravest social and moral offenders.

It is quite easy to identify the lowest grades of defectives by existing methods, but they are usually sterile and hence set no eugenic problem. Not only so; it is quite probable that many normal persons are carriers of transmissible degenerate strains, but there is at present no infallible method, whether psychological, hereditary, or medical, by which these individuals can be identified.

Therefore, while we all believe in the dominant force of heredity and in the teachings of negative eugenics so far as concerns the prevention of palpably degenerate matings, the ordinary field worker and the ordinary mental tester are frequently utterly unable reliably to differentiate between the eugenically fit and unfit. Nor do I know that there is any experimental or scientific warrant for the dictum that "weakness should marry strength."

In the first place, I do not know that there

is any authority who can make out an infallible chart of the eugenically weak or the eugenically strong traits which exist in the parties of a given marriage union, whether normal or high grade defective. In the second place, I know of no one who can guarantee that when weakness marries strength the progeny will all be normal or that the weak traits will not eventually crop out as recessives in later generations.

The cautions which I have sounded against allphod hereditary and psychological diagnoses may be reinforced by reference to a recent clinic case:

A young man of Russian-German descent, twenty-one years one month old at the time of the examination in January, 1914, the fourth of six children, born in Pennsylvania, removed to Germany at the age of six, remained there eleven years, returning to America four years ago.

The history of the case indicates that he was born on time, but the birth conditions were difficult; that animation had to be established by slapping; that the mother was very nervous; that the child was very puny for some time after birth; that he was bottle-fed; that he was unable for some time to assimilate various artificial foods, but finally began to grow rapidly on condensed milk.

At four he had whooping-cough, and hurt his head severely by running against a hinge on a door, which rendered him unconscious for a while, but he apparently recovered. At five he fell into a limekiln, but only his hands were slightly burned before he was rescued. Somewhat later, after his removal to Germany, his caretaker reported that he had had a strange spell—crying out in his sleep, kicking, and jumping out of bed in a frenzy of excitement, although apparently unconscious throughout the entire performance. Spells of crying and kicking, without any attempt to wander about in the room, recurred several times during the following two weeks.

As a child and a youth he was more or less queer; he never took any interest in games or sports, and never had any intimate boyhood friendships. He had a continuous record of outbursts, beating and slapping his sisters, engaging in fights and brawls with comrades and teachers, of lying and stealing, and of bragging and boasting.

His relations with his mother were almost always strained. His school history is one record of incompatibility and maladjustment.

While staying at home he was constantly clashing with his mother. She punished him severely (he was "beaten until black and blue"), taunted him for his failures, nagged at him and forced him to apply himself to intellectual pursuits. He was so nervous and irritable that he could not endure his sister's piano practice, and accordingly started to demolish the instrument with a hammer. He would waylay the postman to see if any school circulars were sent to his parents. He ran away, and when the police were notified he tried to kill himself by hanging by a cord attached to a gas fixture. He was sent to an asylum for the insane, where he remained for six weeks, and where he was examined by three physicians, who pronounced him "not demented," but deficient and in need of protective oversight, and who counseled him

to control his temper.

In 1910 he returned with his parents to America. His first exploit here was to run away from a boarding house in which he had been placed under kindly supervision. For some time he led the life of a vagabond, sleeping in parks and out-houses, and getting his food no one knew where. He broke into a house in New Jersey and was sent to jail. On his release he joined "robber bands." He was finally taken in hand by the Salvation Army, in New York City, and was sent to a half-brother, a landscape architect, in Minneapolis, who found a place for him as a clerk; but one day he struck his brother's wife because she would not let him wear her husband's new coat. He was thereupon placed in a private boarding house, but soon enlisted in the navy. At the Norfolk Training School he got along fairly well until he began to steal—"but not," as he affirmed, "before the others stole from me."

Here he was court-martialed several times for insubordination. On the battleship Minnesota he alleges that he was constantly teased and bullied by the sailors. On ship he was in disgrace most of the time. His entire income disappeared in fines. He talked freely of his "scrapes" to the social worker, of sailors clubbing officers, of his getting possession of money from drunken sailors, of his attempt to desert with another man at Vera Cruz. Finally he knocked a lad down because, as he says, "he stole from me," was court-martialed and dishonorably discharged in July, 1913—after two and a half years of service. The boys on the battleship took up a collection and sent him to his parents.

His record since his return home has been one of insolence, disobedience, defiance, unemployment and loafing. He belongs to that large army of borderland cases who are not quite feeble-minded nor yet palpably insane, but which make up the group of "unstables" who occupy the twilight zone between the distinctly amented on the one hand, and the mentally disordered on the other hand—a group of moral and mental inferiors, sometimes manifesting traits of high grade moral imbecility and sometimes presenting the aspects of constitutional inferiority, or psychopathic constitution, or masked or psychic epilepsy. These twilight states between sanity and insanity and between subnormality (i. e., feeble-mindedness) and normality cannot be diagnosed by mere schemes of intelligence tests.

Incidentally it may be said that these types of abnormal individuals should be diagnosed much earlier in their careers than is usually done. They should be picked out in the elementary and secondary schools, and be subjected to appropriate educational and physical treatment.

In the second place, is the boy eugenically unfit? Certainly he ought not to marry as long as he remains industrially incompetent, as long as his prospective of life is distorted, and as long as he manifests pronounced emotional instability and violent outbursts of temper. But is he unfit for eugenic procreation? We are in no position to dogmatize about this.

The ancestral history is largely negative in respect to neuropathic taint. One paternal aunt died of tuberculosis, two paternal uncles died of heart disease, and one maternal

brother died insane. The latter is said to have been perfectly normal until he received a severe blow on the head from a falling saddle. After recovery a second violent attack occurred during his honeymoon voyage across the ocean, and was said to have been brought on by seasickness. Shall we say that the taint of insanity was inherent, and that the accident merely removed the barriers? Or shall we say that the disease was of accidental origin? There is no conclusive evidence for either view.

Coming to the boy's immediate family, we find that the oldest child, a sister, was prematurely born dead. The mother attributes the fatal prematurity to a severe fright caused by a fire which broke out in the room she was occupying. The second child died at the age of one from sunstroke. Her head was left exposed to a hot sun by a careless attendant. The other children are apparently normal, except a sister attending a boarding school, who is said to be capricious, high tempered, indiscreet, and a flirt. She likes the sensational, and has kleptomaniac tendencies.

The father is a well-educated, cultured gentleman who has held responsible government and ecclesiastical positions here and abroad, while the mother also possesses a good education, having at one time taught in a high school. However, she is said to be very high spirited, and is subject to occasional violent outbursts of temper which often culminate in a fainting spell with loss of consciousness and stiffening of limbs instead of convulsive movements. The husband reports that her hysterical manifestations date back at least to the time of their marriage.

On her way to America before marriage she was in a shipwreck. From this experience she suffered a severe nervous shock. Shall we say that the abnormal manifestations of the mother are hereditary, or that they are due to the severe nervous shocks caused by fright experienced in a shipwreck and in a fire? An unequivocal answer is scarcely possible. Shall we say that the abnormalities of the son are due to a neuropathic taint transmitted by the mother, or that it is due to difficult birth, to the head blow received at the age of five, to the punishment he received from his mother, and to the influence of her abnormal behavior, or to a combination of environmental and hereditary factors?

Is it not clear that when the factors are so complicated as in this case—and this case is typical of thousands of others—we are not solving the problem by stamping an hereditary symbol on a chart, and assuming the correctness of the symbol. Who is ready to affirm that this boy, provided he could be trained to live a normal life and to marry a normal girl, would be unfit for eugenic procreation? Who is able to demonstrate that he would or would not be so fitted? The fact is, eugenic diagnosis is not far enough advanced to permit of unequivocal answers in thousands of cases difficult to diagnose.

While it is important, therefore, that we recognize the difficulties involved in the correct diagnosis of anti-eugenic stocks, it must not be forgotten that the most important factor in eugenic hygiene is the prevention of the propagation of inherently, that is hereditarily, weakened, defective and degenerate strains.

----- Cut Along This Line, Then Fold Music for Your Piano Rest -----

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Refrain.

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